Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12-16-2010</u>	Address;	8745 N. 11175 E.	
Case #:	<u>131</u> /7 <u>5975</u>		Walkerton IN	
County:	<u>Starke</u>		- ···-	
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)				
∐ Dumpsi	al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel☐ Open – No Structure☑ Other:<u>Trailer in back yard</u>	
Items Found: Location (bedroom, kitchen, open sir, etc)				
(check all that apply) Lithium/Ammonia Reaction(s): Outside on blanket				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents: Outside on a blanket				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
☐ Hydrochloric Acid Gas Generator(s): Outside on blanket				
Corrosive Acid: Outside on blanket				
Corrosive Base: Outside on blanket				
Other (item and location):				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrin ☐ Retail/Mo	Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:				
Fire Departs	ment: Koontz Lake Fire	Fax: 57 <u>4-586-2288</u>		
Health Department: Starke County		l'ax: <u>574-7'</u> Fax:		
Child Protec	ction Service: N/A		•	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: B.McBrier Phone 574-546-4900				

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.